

**REGISTRATION/CHANGE OF ADDRESS/ANNUAL REGISTRATION UPDATE**

(M.G.L. c. 6 §§ 178C-178P)

(Level 2 and 3 Offenders)

Type or print and complete all fields. Be sure to have the registrant sign this form and initial each registration requirement

☐ Sex Offender Registration ☐ Registration Verification Update (Annual/90 Day)

☐ Moving Into/Within This Jurisdiction ☐ Moving Out of This Jurisdiction/Moving Out of State

Full Name of Registrant  
Last First Middle

Aliases Home Phone Number Work Phone Number

Sex	Race	Hair Color	Eye Color	Height	Weight	Date of Birth	Place of Birth
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Social Security Number Scars, Marks and Tattoos Mother's Maiden Name

Live Address Street Number Street Name Apartment or Unit Number

City County State Zip Code

Work Address Street Number Street Name

City County State Zip Code

Occupation Employers Name

Concurrent Registration Address Street Number Street Name Apartment or Unit Number

City County State Zip Code

Vehicles Owned, Registered or Regularly Driven	Vehicle Identification Number	Year	Make	Model/Style	Color
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License Plate	Number	State	Type	Drivers License	Number	State	Yr. of Exp.
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Offense Information Nature of Offense Offense Location

Registering Agency	Name of Agency	Registering Officer's Name/Title	Telephone Number
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I swear, under the pains and penalties of perjury, that I am the above-named person, that the information contained herein is true, accurate, and complete and further acknowledge that a failure to register under Massachusetts Law carries a penalty of up to two and one half years in a House of Correction and a fine of not more than one thousand dollars or both.

(REGISTRANT'S SIGNATURE)

(DATE OF REGISTRATION)